

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09 766 956</b>		FILING DATE	
						APPLICANT(S)			
						6665 CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		1		1		TOTAL IND.		
TOTAL DEP.	9		6		6		TOTAL DEP.		
TOTAL CLAIMS	11		7		7		TOTAL CLAIMS		
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									
FORM PTO-1350 (REV. 3-78)									
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